

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/540227**

FILING DATE

**10/10/2007**

APPLICANT(S)

**National Stage Processing**

**Patented Specialist**  
**(705) 305-8421**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
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15		2		2		
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18		2		2		
19		2		2		
20		2		2		
21	1		1			
22		2		2		
23		2		2		
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28		2		2		
29		2		2		
30		2		2		
31		2		2		
32	1		1			
33		1		1		
34		1		1		
35		3		3		
36		3		3		
37	1		1			
38		1		1		
39		1		1		
40		3		3		
41		2		2		
42		2		2		
43		2		2		
44		2		2		
45	1					
46		2		2		
47		2		2		
48			1			
49				2		
50				2		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53				1		
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100						
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TOTAL DEP.						
TOTAL CLAIMS						